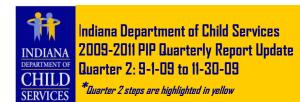


- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
- 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
and their families.	1.1. All existing FCMs, FCM Supervisors, Local Office Directors, and Regional Managers will be trained in the final stages of TEAPI: planning and intervening.	according to the developed roll-out training plan and calendars for FCMs, FCM Supervisors, Local Office Directors and Regional Managers.	Q1	MB Lippold and D. Judkins	Training Plan, roll-out calendar, sign-in sheets	TEAPI was completed for the majority of DCS staff on 5-6-09. Also, the TEAPI training schedule indicates the dates and regions that were trained on each of the Practice Model Skills. 100% of all Local Office Directors and Regional Managers have completed training for all elements of TEAPI. Of the existing 1,557 Family Case Managers, only a small percentage in six regions have not been trained. Regions 1,3, 5 and 10 have less than 1% of staff who are not trained in all elements of TEAPI and Regions 16 and 17 have between 2% and 11% of staff not fully trained. Those staff who were not trained or did not complete the TEAPI training will do so through New Worker Training. The TEAPI training spreadsheet attached includes FCMs, FCM Supervisors and Local Office Directors. (see Appendices: A.1.Training Roster, A.2. roll-out calendar, A.3. analysis of staff completion.)		10/7/09
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.2. Ensure consistency in timely response to CA/N (child abuse/neglect) reports across regions.	1.2. (a). Data will be collected, analyzed, and a QAR report will be developed which identified a baseline for improvement at the local levels.	Q4	A. Green	QAR report for timeliness of initiation at the local and Regional levels.			



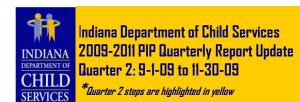


- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
- 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.2. Ensure consistency in timely response to CA/N (child abuse/neglect) reports across regions.	1.2. (b). The Regional Manager will review QAR results for each county that is found to be in non-compliance of timely initiation response for one (1) QAR review.	Q4, Q6, Q8	D. Judkins	Review schedule and review plan at Q4, Q6, and Q8.			
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.2. Ensure consistency in timely response to CA/N (child abuse/neglect) reports across regions.	1.2. (c.) Each region will submit a quarterly Strategic Action Plan (SAP) that will address response timeliness in compliance with statutory requirements.	Q4, Q6, Q8	D. Judkins	SAP report			
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.		1.2. (d). The SAPs will be based on the practice indicators, and QAR results and reviewed by executive management quarterly for discussion and further planning.	Q4, Q6, Q8	D. Judkins	SAP reports and outcome of further planning determined.			
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families. Prepared by:	children are safe at the time of DCS'	1.3. (a). Assessors (investigators) will conduct a CFTM/Case conference during the initial stage of the case and develop a safety plan when a report is substantiated and further action is determined (IA, In-home CHINS, and Out of Home Chins).	Q2	D. Judkins	-	According to a QAR report period ending in September 2009, a total of 1,679 assessment cases (385 assessments resulting in IAs and 1,294 assessments resulting in CHINS) were surveyed to indicate the development of a safety plan during the initial stage at a case conference or CFTM once a substantiation was established. (See Appendices : P.1.QAR Data Analysis and P.2. IA and CHINS Survey Report).		
Prepared by: CFSR Program Mana	ger,					P.1.QAR Data Analysis and P.2. IA and		

Indiana Department of Child Services

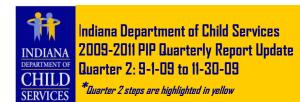




- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
	1.3. CFTMs/case conferences will be used to develop effective and achievable safety plans to ensure children are safe at the time of DCS' initial involvement and thereafter until case closure.	1.3. (b). CFTMs will occur at every critical decision of the case. During the life of the case, CFTM minutes will include the safety plan. FCMs will enter written minutes/safety plan in the CFTMs contact note in ICWIS system.		D. Judkins and A. Green	Analysis of ICWIS system report identify concerns regarding safety plan completion and safety plan content, and steps taken to address these concerns.			
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.3. CFTMs/case conferences will be used to develop effective and achievable safety plans to ensure children are safe at the time of DCS' initial involvement and thereafter until case closure.	1.3. (c.) Field Operations in collaboration with PQI unit will randomly select CFTM contacts for review to analyze the content of safety plans and to address concerns identified.	Q5,Q7	D. Judkins and A. Green	Analysis of ICWIS system report identify concerns regarding safety plan completion and safety plan content, and steps taken to address these concerns.			

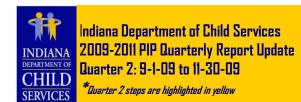




- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.4. Review current risk and needs assessment tools to align with TEAPI model and support the continuous assessment occurring throughout the life of the case.	1.4. (a). Form a committee to identify a comprehensive risk and needs assessment tool that will replace existing independent assessments and screening tools, correlate with the TEAPI practice model, and further guide and support risk and needs evaluation in the field.		D. Judkins	List of committee members and meeting minutes.	During Quarter 1, a committee was formed to identify and assess current assessments and screening tools with the effort to identify a singular comprehensive risks and needs assessment tool. (Appendix M: List of committee members and meeting minutes)		10/7/09
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.4. Review current risk and needs assessment tools to align with TEAPI model and support the continuous assessment occurring throughout the life of the case.	1.4. (b). Committee will make recommendation to DCS management for review of tool and plan for implementation.	Q3	D. Judkins	Committee recommendation and outcome of review and Implementation plan.			
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.4. Review current risks and needs assessment tools to align TEAPI model and support the continuous assessment occurring throughout the life of the case.	1.4. (c.) The tool is selected, policy is revised to reflect the new tool, staff are trained the tool via Computer Assisted training and the toll will then be used by FCMs.		D. Judkins, A. Green and MB Lippold	Copy of tool and CAT training report along with distributed policy.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.4. Review current risks and needs assessment tools to align TEAPI model and support the continuous assessment occurring throughout the life of the case.	1.4. (d). Modify QAR tool to incorporate new assessment tool, and then utilize QAR tool to measure progress after implementation of the newly revised risk/needs assessment tool.	Q6	A. Green	QAR tool showing modification that incorporates new tool along with QAR report that documents use of new tool.			

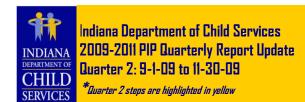




- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
- 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.5. Implement permanency planning system-wide while focusing on the "life of the case", placement stability, and timeliness.		Q4	D. Judkins and MB Lippold	Concurrent planning curriculum and roll-out calendar.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.5. Implement permanency planning system-wide while focusing on the "life of the case", placement stability, and timeliness.	1.5. (b) Incorporate Concurrent planning in the "what could go wrong" of the CFTM agenda and equip staff with skills to discuss this by the concurrent planning training.	Q6	MB Lippold and D. Judkins	Revised CFTM agenda template.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.5. Implement permanency planning system-wide while focusing on the "life of the case", placement stability, and timeliness.		Q7	D. Judkins	CAT training module and policy.			
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.5. Implement permanency planning system-wide while focusing on the "life of the case", placement stability, and timeliness.	1.5. (d) Develop curriculum on permanency planning (1 day workshop) in collaboration with the Indiana Judicial Center. Offer training regionally for DCS staff and court personnel using videoconferencing capability.	Q6	MB Lippold and A. Brown (Indiana Judicial Center)	Permanency planning curriculum developed. Attendance sheets and training calendar established and published.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families by: CFSR Program Managen Indiana Department of	ger,	1.5. (e). Each regional permanency team will develop a plan to involve court partners I.e. CASA, probation officers, in the permanency team meetings.	Q2	D. Judkins	Regional Permanency Team Plans	(See Appendix Q : Regional Permanency Team Plans)		

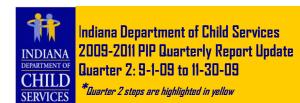




- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
- 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.5. Implement Permanency Planning system-wide while focusing on the "life of the case", placement stability, and timeliness.	1.5.(f). Permanency teams in DCS Regions 6,7 and 14 will develop a referral process to the CIP/DCS Permanency Project to staff their most difficult and long-standing permanency cases.	Q3-Q8	D. Judkins and A. Brown (Indiana Judicial Center)	Referral process developed. Recommendations from Permanency Pilot Project on the staffed cases.			
	1.6. Local offices will monitor and improve compliance regarding statutory hearing requirements to increase timely permanency for children.	1.6. (a). Central Office legal staff will review current law to identify any gaps in timeframes relating to detention, initial, fact-finding, dispositional hearings and TPR hearings in CHINS and TPR cases as well as timely filing of TPR.	Q2	J. Lozer and A. Green	Report of the review results will be provided to the Director and Agency	(See Appendix R.1 : Memorandum of Statutory Review).		
	1.6. Local offices will monitor and improve compliance regarding statutory hearing requirements to increase timely permanency for children.	1.6.(b). If gaps are identified, introduced Legislation that permits detention and initial hearings to be conducted as part of the same proceeding. DCS' General Counsel will instruct DCS local office attorneys to timely file TPR petitions in cases supervised by DCS.	Q3	J. Lozer	Proposed legislative agenda.	(See Appendix R.1 : Memorandum of Statutory Review).		
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families. Prepared by: CFSR Program Manag Indiana Department of		1.6. (c.) Central Office legal staff in collaboration with the Performance Quality Improvement (PQI) unit will review the field practices in 92 counties via QAR results to identify any gaps in timeframes relating to detention, initial, fact-finding, dispositional hearings, and TPR hearings, and in CHINS and TPR cases as well as timely filing of TPR.	Q2,Q6 (Renegotiated to Q3, Q6, per discussion with FEDs and approved August 2009)	J. Lozer and A. Green	Outcome of collaboration and QAR review.	See Appendix R.2 (QAR Data Analysis of Review Results)		





- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

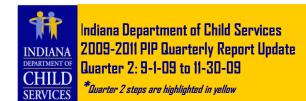
Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
	1.6. Local offices will monitor and improve compliance regarding statutory hearing requirements to increase timely permanency for children.	1.6. (d). If gaps are identified, form a taskforce to assist the Regional Managers in development of corrective measures and the implementation of those measures that will be addressed in the regional SAPs. The corrective measures will strengthen the timeframes between initial and detention hearings, compliance with TPR filings requirements as well as fact-finding and dispositional hearings.	per	J. Lozer and A. Green	Taskforce recommendations and SAP reports with corrective measures.	The taskforce was comprised of Regional Managers from Regions 10 and 15, Chief Legal Counsel from Region 10, staff attorney from Region 11, and Deputy Directors from Legal and Field Operations. The taskforce reviewed QAR data from each county and developed a legal staffing form designed to aid in local staff attorneys and FCMs adherence to statutory timeframes. In Quarter 3, The Regional STAR Report will reflect the use of this tool in selected regions along with a roll-out plan to implement the tool statewide by Q4. (See appendix R: Taskforce Recommendations)		
	1.7. Establish the use of Mock Trial DVD for staff training purposes to improve worker skills in court hearings.	Trial DVD to train FCMs, new FCMs	Q3	D. Judkins and MB Lippold	Mock Trial DVD and training curriculum.			
	1.7. Establish the use of Mock Trial DVD for staff training purposes to improve worker skills in court hearings.	1.7.(b). Implement training schedule for established curriculum.	Q7	MB Lippold	Training schedule			





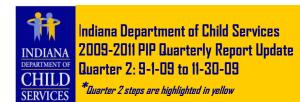
- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.		1.8. (a). Genogram software tool will be provided to all FCMs to use to identify family supports and will be utilized during the CFTM process to identify non-custodial parents and their contacts.	Q3	D. Judkins		The GenoPro is an advanced, well-organized software tool that allows FCMs to create automated genograms and ecomaps. DCS has trained approximately 1,780 staff on this tool with the continued effort to assist FCMs in identifying family members and their supports as early as possible. (See Appendices: N.1. GenoPro Software tool, N.2. admin letter, N.3. CAT training script, and N.4.download information.)		10/7/09
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.8. Family Case Managers will locate non-custodial parents and other relatives beginning at the assessment (investigation) process and throughout the life of the case.	converted to a word document and placed in ICWIS contacts and used as	Q4	D. Judkins	ICWIS reports showing examples of genograms.			
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	(investigation) process and throughout the life of the case.	(Diligent Search) on every non- custodial parent during the assessment (investigation) phase, before a change to the permanency plan or when additional information about an absent parent is provided.	Q2	D. Judkins and A. Green	ADI: Diligent Search Policy	DCS developed a Diligent Search Policy effective November 1, 2009. This policy commits staff to initiate a search for known, absent and non-custodial parents along with relatives beginning at the initial stage of the case and throughout the child's involvement with DCS. (See Appendices: S.1.Diligent Search Policy and S.2. Policy Correspondence to ICWIS Users)		
1) Development of staff to have assessment skills and competencies that determine the 配象 competencies that determine and 使医和神经对 Managing Indiana Department of	non-custodial parents and other relatives beginning at the assessment (investigation) process and throughout the life of the case.	(d). Include Diligent Search question in the QAR tool for continuous review of practice.	Q2	A. Green	includes diligent search	The Diligent Search Question was inserted into the QAR tool July 2009. (See Appendix H: Revised QAR Tool).		10/7/2009



- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

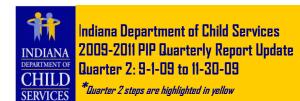
Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	relatives beginning at the assessment	1.8. (e). Policy regarding placing children with non-custodial parent and other relatives when it is in child's best interest will be reinforced via Director's note.	Q3	D. Judkins	Director's Note addressing practice expectation.			
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.8. Family Case Managers will locate non-custodial parents and other relatives beginning at the assessment (investigation) process and throughout the life of the case.	1.8. (f). DCS will track the diligent search efforts quarterly through QAR report.	Q4, Q6	D. Judkins	QAR results			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.		1.8. (g). DCS will identify additional counties to model the key principles of the Marion County's federal grant initiative: Engaging Non-resident fathers and adapt it to the counties' needs.	Q7	D. Judkins	Counties identified and implementation plan developed.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.9. DCS will expand placement options to consider non-related adults when it is in the best interest of the child.	(a). Policy staff will research non- relative kin definitions from other states.	Q5	A. Green and D. Judkins	Policy brief on kin definition			
1) Development of staff to have assessment skills and competencies that determine the 种络斑色色色 of children and 色色和色色如果 Managing Indiana Department of	when it is in the best interest of the child. er,	1.9. (b). Policy will collaboratively draft with Court Improvement Project (CIP) a new definition of non-relative kin.	Q5	A. Green and D. Judkins	Approved definition of kin			0



- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	when it is in the best interest of the	1.9. (c.) Policy statement and computer assisted training (CAT) will be provided to field staff, i.e. FCMs, FCM supervisors, Local Office Directors, and Executive Managers.	Q5	MB Lippold, and A. Green	Policy statement and CAT module and/or Admin Letter			
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	when it is in the best interest of the	1.9. (d). DCS will provide presentations to court staff on the new definition and expectations on non-relative kin.	Q5	D. Judkins and MB Lippold	Presentation materials and sign-in sheets			
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	when it is in the best interest of the	1.9. (e). Add the newly defined kinship placement ICWIS and the Practice Indicator under CHINS placements.	Q5	D. Judkins and A. Green	Revised ICWIS and practice indicator for increased relative care.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.10. DCS will emphasize to all field staff the value of proximity and preserving essential connections to the child's family, culture, religion and community.	1.10. (a). Quarterly Mandatory management meetings (QUAD) will have proximity and preserving connections as a recurring agenda item.	Q2	D. Judkins	QUAD meeting notes.	In September 2009 during a QUAD meeting, a proximity scenario was shared with attendees to process and discuss various case management related topics to include preserving connections. (See Appendices : T.1. QUAD meeting proximity scenario and questions, T.2.Excerpt from QUAD Meeting Notes, T.3. RM meeting notes).		

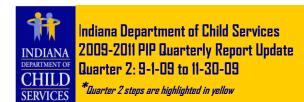




- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.10. DCS will emphasize to all field staff the value of proximity and preserving essential connections to the child's family, culture, religion and community.	1.10. (b). Information, decisions and/or suggestions generated about proximity and essential connections from the QUAD meetings will be dispersed to staff through unit meetings.		D. Judkins	Distributed information	The Regional Managers shared the proximity scenario discussed in the QUAD meeting with local office staff. (See Appendices : T.1. QUAD Meeting proximity scenario and questions, T.2. QUAD Meeting Notes, T.3. RM meeting notes).		
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.11. FCMs will increase the frequency and improve the quality of visits between the family of origin and the child in care to promote faster achievement of permanency and reduce the time a child is placed in substitute care.	1.11. (a). DCS will utilize practice indicators to track the frequency of visits between the child and family members.	Q2	D. Judkins and A. Green	Practice Indicator for Contacts and Visitations trendline.	(See <u>Appendix B.1.</u> : Visitation and Contacts Report for July 2009)		10/7/2009
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	and improve the quality of visits between the family of origin and the	1.11. (b). Field Staff will utilize CFTM/case conferences to encourage families and children's input on visits and contacts and to develop a visitation plan.	Q2	D. Judkins	CFTM/case conference.	A taskforce of policy and field staff developed a visitation plan template to be used by FCMs during CFTM and/or case conference. FCMs are to download a copy of the visit plan in the visitation screen in ICWIS. A new feature was added in the visitation module that allows FCMS to indicate if the plan was created in a CFTM, case conference, or other. (See Appendix U: Visitation Plan Template).		





- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
- 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.11. FCMs will increase the frequency and improve the quality of visits between the family of origin and the child in care to promote faster achievement of permanency and reduce the time a child is placed in substitute care.	1.11. (c.) Visitation plans created will be placed in the visitation screen in ICWIS.	Q2, Q4, Q6, Q8	D. Judkins and A. Green	ICWIS report identifying rate of plans created for eligible families.	ICWIS generated a one time aggregated report to capture all visitation plans from the period of 9-1-09 through 11-30-09 by region and county with a State total. An ICWIS migration on 12-1-09 added a new feature to capture if the visitation plans were created during a Child and Family Team Meeting or Case Conference. See Appendix V: ICWIS Aggregated Visit Plan Report).		
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.11. FCMS will increase the frequency and improve the quality of visits between the family of origin and the child in care to promote faster achievement of permanency and reduce the time a child is placed in substitute care.	1.11.(d). Implement Making Visits Matter in-service regional trainings	Q3	MB Lippold	Making Visits Matter curriculum, roll-out training calendar, and sign-in sheets.			
		1.11.(e). DCS will form a workgroup that will discuss the development of FCMs' facilitation skills necessary to ensure visitations between the child and the parent as well as visitations between the child with participating relatives are progressive and productive.	Q5	D. Judkins	Outcome of workgroup and plan developed.			
	1.11. FCMs will increase the frequency and improve the quality of visits between the family of origin and the child in care to promote faster	1.11. (c.) Visitation plans created will be placed in the visitation screen in ICWIS.	Q6	D. Judkins and A. Green	ICWIS report identifying plans created for eligible families.			

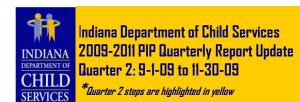
Indiana Department of Child Services





- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

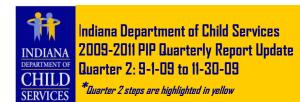
Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
and their families.	contacts policy regarding frequency and quality of visitation with parents and children.	management will develop a monthly tracking report that will measure the frequency of case worker contacts with parents in regard to child out-of-home placements, las, and in-home CHINs.	Q1	D. Judkins and A. Green	Current case worker contacts policy and monthly tracking report.	The pratice indicator report for visitations and contacts were capturing FCM contacts with family members already. However, office of data management revised the high-level definition for this practice indicator to clarify that family members do indicate the original caretakers of the child prior to removal. It was important for Indiana to empasize that many children involved with DCS were not living with their biological parents at the time of removal but many lived with grandparents and other relatives. To enforce this clarification, a ICWIS PIP TIP was sent to all users to further explain to field staff and managers that when making contacts with family members, it is important to choose the correct person in the contact log. Doing so, gurantees the proper migration to the Practice Indicator report which measures the FCM contacts with family members more accurately. (See Appendices: B.1. Visitation and Contacts Report, B.2. Case worker Contacts Policy, B.3. ICWIS PIP Tip, and B.4.Practice Indicator Definitions/Information).		10/7/09
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families. Prepared by: CFSR Program Manag Indiana Department of	contacts policy regarding frequency and quality of visitation with parents and children.	1.12. (b). Regional Managers will monitor the monthly tracking report and address non-compliance issues in Strategic Action Plans.	Q1	D. Judkins	Regional Strategic Action Plans	See Appendix 3 (Excerpts from STAR Report)		10/7/09



- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCM's compliance with the case worker contacts policy regarding frequency and quality of visitation with parents and children.	1.12.(c.) The Family Functional Assessment (FFA) will be used as a tool guide for FCMs in preparation for quality visits in all case types (in-home CHINS, IAS, and out of home placements).	Q2	D. Judkins	Copy of Family Functioning Assessment	The Family Functional Assessment is a comprehensive field guide that evaluates the domains of a family's life and assesses their level of functioning in each area. Field staff are encouraged to use this tool during the initial assessment of the family and throughout case involvement. (See Appendix Family Functional Assessment)		10/7/2009
	1.12. DCS will ensure FCM's compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12.(d). Provide Director's note that will require FCMs to use the FFA in preparation for quality visits.	Q2	D. Judkins	Director's note	DCS' agency director administered a director's note November 30, 2009 encouraging staff to use the FFA tool to ensure quality and productive worker contacts with families. (See Appendix W : Director's Note).		
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCM's compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12.(e). FFA will be an agenda item for discussion at Regional Managers' Meeting.	Q2	D. Judkins	Regional Managers Meeting agenda and notes.	The Family Functional Assessment was an agenda topic during the bi-weekly Regional Managers' meeting in August 2009. This initiated further discussion on how to fully engage field staff on the use of this tool and what supports are available or necessary to foster this process. (See Appendix J: Regional Managers Meeting Agenda and meeting notes).		10/7/2009

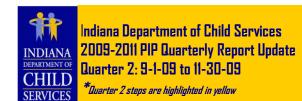




- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
	1.12. DCS will ensure FCMs' compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12.(f). Supervisors will observe and mentor FCMs as they demonstrate the use of FFA. Counties will then provide a quarterly account of the use of tool to regional managers. Regional Managers will incorporate this report into the reunification section of the strategic action plan.	Q3	D. Judkins	Regional Strategic Action Plans			
	1.12. DCS will ensure FCMs' compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12. (g). QAR tool will be modified to assess frequency and quality of worker contact with parents or children.		A. Green	Updated QAR tool			
	1.12. DCS will ensure FCMs' compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12. (h). Reviewers will be trained on updated questions.	Q5	A. Green	Practice guidance sent to local offices on modified tool.			
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCMs' compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12. (i). QAR tool implemented.	Q6	A. Green	QAR review schedule			

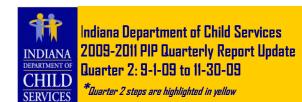




- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	are appropriately provided to eligible youth at the earliest possible age, and that all children are involved in the	1.13. (a). FCMs will facilitate child-centered (or child specific) CFTM to assess IL needs and is to be held at least 6 months prior to the child's 16th birthday. During which, the IL plan will be developed with the child and updated for every permanency hearing thereafter. This process will be reflected in policy.	Q4	D. Judkins, L. Rich, and A. Green	Template of IL plan to be utilized. Policy and procedural guidance.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.13. All CHINS cases will be monitored to ensure that IL services are appropriately provided to eligible youth at the earliest possible age, and that all children are involved in the development of their IL plan.	1.13. (b). IL consultants will develop a protocol and monitoring tool to assess the performance of service providers, their activities, and services requirements.	Q4	L. Rich	Protocol and monitoring tool			
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.		1.13. (c.) The tool developed will be used by Regional Child Welfare Coordinators. The Coordinators will use the tool on a statistically valid random sample of providers. The sample selected will be reviewed every two years. Regional Coordinators and Programs and Services staff will develop a biennial timetable. Standard notification letter will advise providers of review.	Q5	L. Rich	Implementation plan; review schedule and report from a review.			





- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
	youth at the earliest possible age, and that all children are involved in the	1.13. (d). IL consultants will offer quarterly mandatory FCM technical assistance on IL planning and available services. FCMs will, at least yearly attend the mandatory technical assistance workshops for IL services.	Q3-Q8	L. Rich and D. Judkins	Calendar of IL trainings and sign-in sheets			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	2.1. DCS will offer an array of internal and external services to families based on identified needs. Regional Services Councils will select services significant to their respective region.	service standards for contract renewals to reflect TEAPI values and	Q2	L. Rich	Standards	DCS' has thirty-six (36) service standards that regulate a continuum of services offered through the agency i.e. adoption, Chafee IL services, family-centered programs, foster parenting, addictions, preventative care, probation services and foster parenting. In Quarter 2, these standards were updated to reflect TEAPI values and best practices. (See Appendix X: Enhanced Service Standards).		





- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
- 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	2.1. DCS will offer an array of internal and external services to families based on identified needs. Regional Services Councils will select services significant to their respective region.	Regional Coordinators and Programs	Q3, Q5	L. Rich	Service specific review tools, review timetable, review notification letter, Quarter 3. Reviews implemented Quarter 5			
 Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well- being outcomes. 	2.1. DCS will offer an array of internal and external services to families based on identified needs. Regional Services Councils will select services significant to their respective region.	require that providers train their staff on substance abuse and domestic	Q3	L. Rich	Contract Development and Management Standards			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-beinproperates by:	2.1. DCS will offer an array of internal and external services to families based on identified needs. Regional Services Councils will select services significant to their respective region.	(RSC) will develop a new service standards for transportation services	Q5	L. Rich	Standard developed at RSC request.			





- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
- 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	2.1. DCS will offer an array of internal and external services to families based on identified needs. Regional Services Councils will select services significant to their respective region.	each family in the appropriate module in ICWIS in order to track the	Q3	D. Judkins	Tracking mechanism that records the timeliness of service referrals and associated reports.			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.		2.2. (a). FCMs will coordinate with the Medicaid office to secure the name and contact of the care coordinator for each ward. The care coordinator contact information will be shared with foster parent.	Q1	D. Judkins	Admin letter to FCMs about care select	Care Select is a Medicaid care management system represented by two care management organizations. These systems operate in part to ensure that children who are made wards are enrolled in Medicaid and receiving services. During this PIP quarter, DCS released an administrative letter to field staff, supervisors, and management explaining the purpose of Care Select and requesting full collaboration with these systems. (See Appendix D: Admin Letter)		10/7/09
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	2.2. DCS will ensure that all wards are assigned a Medicaid Care Coordinator (Care Select) for the purpose that health benefits are coordinated and wards receive a comprehensive level of medical care.	2.2. (b). FCMS will complete at least annual health care surveys provided by Medicaid care coordinators to ensure the ward's physical, hearing and vision exams occur and provide updates from these screenings.	Q2, Q6	D. Judkins	Statement from Care Select regarding status and completion of surveys.	A data pull from September 2009 indicated a 65% survey completion rate which is a 2.1% increase from an earlier June 2009 survey data report. (See Appendix Y : Office of Medicaid Policy and Planning (OMPP) Data Analysis Report).		
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes. Prepared by: CESP Program Mana.	assigned a Medicaid Care Coordinator (Care Select) for the purpose that health benefits are coordinated and wards receive a comprehensive level of medical care.	2.2. (c.) Medicaid vendor will provide a survey report of surveys completed. DCS will review the report and resend the admin letter if needed to encourage survey completion.	Q3, Q7	D. Judkins	Survey report and admin letter			

CFSR Program Manager,

Indiana Department of Child Services





- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
 Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well- being outcomes. 	•	2.3.(a). Central Office will research funds that can be designated for mental health assessments for children served in Informal Adjustments (IA).	Q2	D. Judkins	Outcome of Research	(See Appendix Z : Memorandum of Understanding between DCS and Department of Mental Health and Addiction (DMHA)).		
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	•	2.4. (a). DCS will form a committee to develop a Placement Checklist to be used by FCMs when placing children.	Q4	D. Judkins	Copy of pre-placement checklist that will be utilized prior to placement.			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	preparation for placement to increase appropriate matching of homes to	2.4.(b). Develop a Placement Checklist policy to guide FCMs with the use and terms of the checklist during placements.	Q5, Q6	A. Green and D. Judkins	Placement Checklist Policy Q5 and Checklist implemented. Policy notification memo. Q6			

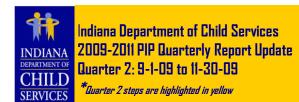




- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
- 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	preparation for placement to increase appropriate matching of homes to children and foster placement stability.	2.4. (c.) DCS Programs and Services Department will have an orientation with Regional Managers, Local Office Directors, FCM Supervisors, FCMs and foster care licensing staff, on the use of the CASEY Family Assessment tool.	Q2	L. Rich	Outcome of the 2-day training. Sign in sheets. Training Materials.	In 2008, DCS established a Foster Care Reorganization Project which included a goal of improving how potential foster parents were evaluated before licensure and child placements. In 2009, Program and Services conducted an orientation of the CASEY Family Assessment Tool to a group of DCS staff. In attendance were FCMs, FCM Supervisors, Regional Managers, Local Office Directors, trainers, foster care staff and staff from a Licensed Child Placing Agency. DCS intends for the tool to be utilized by Foster Care Licensing Specialists in their evaluation of future foster (resource) homes. (See Appendices: AA.1.Outcome of Orientation, AA.2. attendance sheet, and AA.3 training materials).		
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	appropriate matching of homes to	2.4. (d). Develop a plan to pilot the use of the Casey Family assessment to determine realistic expectations about foster parenting, and appropriate matching between child and family. Identify pilot counties that already have foster care specialists to use the assessment tool.	Q3	L. Rich	Formalized plan for pilot with counties identified to implement the CASEY family assessment tool.			
2) Ensure that individualized programs and services are delivered to families and childres passed by achieve safe Farmaregnam Median Department of	appropriate matching of homes to children and foster placement stability.	2.4. (e). Develop a plan to train and then implement the use of the CASEY Family Assessment tool statewide by identifying and selecting foster care specialists for each county/region.	Q4	L. Rich	Statewide roll-out training and implementation plan. List of foster care specialists for each			

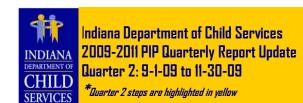




- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
- 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter	Person	Evidence of	Quarterly Report Update	Federal Comments	Date
,			Due	Responsible	Completion			Completed
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	2.4. Enhance foster parents' preparation for placement to increase appropriate matching of homes to children and foster placement stability.	2.4. (f). DCS will update placement matching functionality in ICWIS system to aid staff during placement decisions.	Q3, Q6 (Only report out in Q6 per discussion with FEDs and approved 8-20-09)	A. Green	ICWIS Placement Matching updates. (The Evidence of Completion has been changed to Status Update (a narrative of progress) per discussion with FEDs and approved 8-20-09)			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	2.4. Enhance foster parents' preparation for placement to increase appropriate matching of homes to children and foster placement stability.	2.4. (g). ICWIS coordinators will conduct task training to all field staff (FCMs, FCM supervisors, Local Office Directors, and Regional Managers) on how to use the new tool during regional in-service training.	Q4 (Moved to Q8 per discussion with Feds and approved 8- 20-09)	A. Green	Training schedule/roll- out calendar. Sign-in sheets - no longer required. (The goal is to pilot at least eleven (11) large and medium counties in March 2011. Bugs in the system will be worked out before the pilot. Training will come before the production in the pilot counties. Due in Q8 per discussion with Feds and approved 8-20-09.)			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safep நடிந்தாசந்து, and well-being சய்லாசர்ஞாகள் Manag Indiana Department of		2.5. (a). Develop a committee to review licensing issues to include evaluating the paperwork associated with the licensing process as well as timeliness standards for home studies and licensure activities.	Q3	L. Rich	Committee member list and meeting dates. Outcome documentation from committee.			

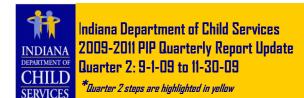




- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
- 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
 Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well- being outcomes. 	2.5. Reduce factors that contribute to foster parent attrition during the licensing process.	2.5.(b). Develop a position and then appoint regional licensing specialists to enhance agency responsiveness and timeliness to the needs of prospective foster parents during the licensure process.	Q5	L. Rich and J. Lozer	List of Regional Licensing Specialists and their job duties.			
,	2.5. Reduce factors that contribute to foster parent attrition during the licensing process.	2.5. (c.) Create a workgroup to address procedural issues that are prohibitive to respite care services and discuss the feasibility of continued per diem during respite care.	Q6	J. Lozer	Meeting notes and outcome of workgroup.			
programs and services are delivered to families and	2.6. DCS will adopt a placement assessment tool that will evaluate the child's need for placement and level of care.	Group will identify a placement	Q2	D. Judkins	Placement Assessment tool	Indiana adopted the CANS (Child Adolescent Needs and Strengths) assessment as it's placement assessment tool and behavioral health assessment tool. The CANS is currently being piloted in Regions 3, 5, 12, and 13. FCMs are instructed to utilize this tool during the initial assessment phase of the case and on-going as needed throughout the case management stage. FCM supervisors, in these regions, have been trained as SuperUsers of the tool (received extended training to train the tool). A protocol has been developed as a guide to use the tool in the field. (See Appendices: K.1.: CANS Assessment and K.2. Protocol).		10/7/2009

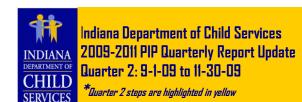




- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
- 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	2.6. DCS will adopt a placement assessment tool that will evaluate the child's need for placement and level of care.	2.6. (b). Policy and practice guidance will be developed on the use of the tool.	Q3	A. Green	Policy developed and practice guidance.			С
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.		2.6. (c.) FCMs will be trained on both the policy and placement assessment tool before implementation.	Q4	MB Lippold and A. Green	Training schedule			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.		2.6. (d). The QAR tool will be updated to include a question to measure the use of the placement assessment tool.	Q3	A. Green	Updated QAR tool			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	evaluate the child's need for	2.6. (e). Regional Managers will utilize data from the QAR report to address concerns or progress related to the new tool in the Region's strategic Action Plans.	Q8	D. Judkins	QAR report and SAPs			
Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes. Prepared by: CFSR Program Manag Indiana Department of	specialization units statewide to focus efforts on recruitment, placement stability, foster care in-service training, respite care coordination, and after hour supports.	2.7.(a). DCS' foster care review group will develop a statewide strategy on how to implement specialization units throughout the state. The strategy will include the job description of the foster care specialist, service and support expectations to be rendered to foster families, and plan to develop the specialization units.		D. Judkins	Strategy developed and implementation plan.			

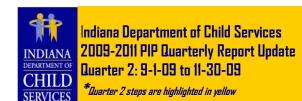




- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
 Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well- being outcomes. 	2.7. DCS will create foster care specialization units statewide to focus efforts on recruitment, placement stability, foster care in-service training, respite care coordination, and after hour supports.	foster care specialist.	Q4	D. Judkins	Foster Care specialist job			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	2.8. DCS will develop a list of mental health providers and dentists who accept Medicaid and provide information to FCMs and foster parents.	2.8. (a). Programs and Services will disseminate the list of providers and dentists who accept Medicaid to FCMs via email. The list will be updated and sent out annually. FCMs will be encouraged to share updated list with foster parents during visits.	Q3, Q7	L. Rich	distribution list.	DCS located a website operated and maintained by the Office of Medicaid and Policy Planning (OMPP) that showcases current mental health providers and dentists across the state. The website is updated annually and/or when Medicaid providers are added or deleted from the database. The information is generated from AIM (a data base system of active Medicaid providers). This information along with additional links has been shared with all FCMs and ICWIS users and added to the Foster Family Resource Guide given to prospective foster parents during FAKT training. (see Appendices: 0.1. email from Deputy Director of Programs and Services to DCS staff, and 0.2. printout of screen from provider search)		10/7/09

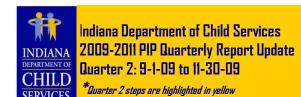




- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	2.8. DCS will develop a list of mental health providers and dentists who accept Medicaid and provide information to FCMs and foster parents.	2.8. (b). Programs and Services will provide a current providers list to new foster parents during FAKT training.	Q3	L. Rich	Provider list	DCS located a website operated and maintained by the Office of Medicaid and Policy Planning (OMPP) that showcases current mental health providers and dentists across the state. The website is updated annually and/or when Medicaid providers are added or deleted from the database. The information is generated from AIM (a data base system of active Medicaid providers). This information along with additional links has been shared with all FCMs and ICWIS users and added to the Foster Family Resource Guide given to prospective foster parents during FAKT training. (see Appendix 14: email from Deputy Director of Programs and Services to DCS staff, and printout of screen from provider search)		10/7/2009

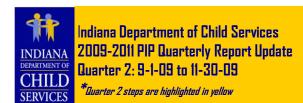




- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.1. DCS will collaborate with community partners to develop domestic violence guidelines.	3.1. (a). DCS Domestic Violence workgroup will identify the community providers, who offer domestic violence services, to develop a partnership.	Q1	D. Judkins	Workgroup membership and Partnership membership.	The DCS Domestic Violence workgroup membership consisted of internal staff who represented areas of policy, legal operations, ICWIS, Hispanic initiatives, field staff and executive management. DCS forged partnerships with two significant community providers who serves victims of domestic violence in different capacities: Dr. Carolyn Black, IU School of Social Work and Domestic Violence Specialist, Celeste Jackson of Family Social Services Administration (FSSA). Over the course of this initiative, DCS has plans to expand this partnership to other community providers including law enforcement. In addition, FCMs have been encouraged to utilize the DV partner programs in their respective regions as an additional resource. (See Appendix E: Workgroup membership and partnership list).		10/7/09



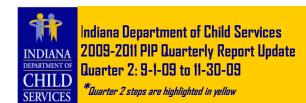


- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
- 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.1. DCS will collaborate with community partners to develop domestic violence guidelines.	3.1. (b). The DCS DV workgroup will develop recommendations from the collaboration to develop policy for field staff to assess domestic violence more effectively.	Q2	D. Judkins and A. Green	Recommendation from workgroup and written approved policy.	The recommendations from the workgroup were utilized to update practice tools and current policy chapters (Intake, Assessment, General Case Management, In-Home Services, Out-of-Home Services) in which domestic violence issues made an impact. In order to locate the revisions, the tools and polices will indicate a new section that addresses domestic violence as it relates to that particular administrative or field practice. (See Appendices: L.1. Workgroup recommendations and L.2.Revised tools and policies.)		10/7/09
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.1. DCS will collaborate with community partners to develop domestic violence guidelines.	3.1.(c.) DCS workgroup will work with Law Enforcement Agency and service providers to develop a protocol on how field staff can intervene and provide service in instances of domestic violence.	Q4	D. Judkins	The protocol developed.			
Engage multiple partners to protect children in their community through cooperation and communication.	3.1. DCS will collaborate with community partners to develop domestic violence guidelines.	3.1.(d).The Domestic Violence protocol and policy will be trained to field staff through in-service training.	Q4	D. Judkins, A. Green and MB Lippold	Training plan and roll- out calendar. Training sign-in sheets.			
3) Engage multiple partners to protect children in their community through cooperation and communication. Prepared by: CFSR Program Management of the protect of the pro	provider availability and develop strategies for capacity expansion, accessibility, and availability including services geared toward prevention.	3.2. (a). DCS will partner with all agencies mentioned to develop service strategies. Included will be encouraging providers to accept Medicaid and develop both capacity and service availability.	Q5, Q7	L. Rich, J. Ryan and D. Weinberg	Quarterly meeting meetings.			

Indiana Department of Child Services





- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
Engage multiple partners to protect children in their community through cooperation and communication.	3.2. DCS will partner with FSSA, OMPP, and DFR to discuss issues of provider availability and develop strategies for capacity expansion, accessibility, and availability including services geared toward prevention.	3.2. (b). DCS will implement strategy identified and developed from collaboration.	Q5	L. Rich, J. Ryan and D. Weinberg	Outcome of implementation.			
3) Engage multiple partners to protect children in their community through cooperation and communication.	provider availability and develop	3.2.(c.) DCS will partner with FSSA, OMPP, and DFR to ensure that dental health providers who accept Medicaid have both the capacity and availability to service wards throughout the state.	Q5, Q7	L. Rich and J. Ryan	List of dental health providers. Q5 baseline of providers. Q7 Increase of providers over baseline			
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.3. DCS will work with community partners to emphasize the importance of the involvement of non-custodial parents, absent parents, and other significant relatives.	3.3.(a). Develop a taskforce of those involved with Fatherhood initiatives, LEA, CASA, Juvenile Judges, and CIP to formulate strategies to increase noncustodial and absent parent involvement.	Q4	D. Judkins	Recommendations developed from taskforce.			
protect children in their community through cooperation and communication.	partners to emphasize the importance of the involvement of non-custodial parents, absent parents, and other significant relatives.	taskforce will be considered for policy and procedural development.	Q4	D. Judkins and A. Green	Policy and procedural guidance			
3) Engage multiple partners to protect children in their community through cooperation and comphetication for CFSR Program Mana Indiana Department of	partners to emphasize the importance of the involvement of non-custodial parents, absent parents, and other significant relatives.	3.3. (c.) DCS will offer Computer Assisted Training to DCS staff on new policy. The training will be placed on DCS Intranet and coordinated with the Judicial Center to offer the training to external legal partners.	Q4, Q6, Q8	MB Lippold, A. Green and A. Brown (Indiana Judicial Center)	Roll-out training calendar and sign-in sheets, Q4. Percentage of DCS and Courts staff/external partners			29

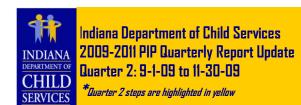


- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
- 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
Engage multiple partners to protect children in their community through cooperation and communication.	3.4. DCS will collaborate with CIP to improve the process of reaching permanency outcomes.	3.4. (a). Develop a plan to implement the Permanency Project Pilot Court/DCS initiative to improve the permanency outcome.	Q1	D. Judkins and J. Lozer	Implementation Plan	During Quarter 1, Deputy Directors from Field Operations, Legal, Practice Support along with Region 14's manager and CIP administrator met to discuss how the Permanency Pilot Project will be implemented in the Pilot counties. (See Appendix F: Implementation Plan worksheet)		10/7/09
-/ 3.3	3.4. DCS will collaborate with CIP to improve the process of reaching permanency outcomes.	3.4.(b). Ensure the three counties selected will continue collaboration between the Local office directors and Juvenile Judges.	Q2	D. Judkins and J. Lozer	Meeting minutes	See Appendix BB: Meeting summary		
Engage multiple partners to protect children in their community through cooperation and communication.	3.4. DCS will collaborate with CIP to improve the process of reaching permanency outcomes.	3.4. (c.) Develop a review process for cases selected.	Q3	D. Judkins and J. Lozer	Formalized process in which the cases were selected.			
Engage multiple partners to protect children in their community through cooperation and communication.	3.4. DCS will collaborate with CIP to improve the process of reaching permanency outcomes.	3.4.(d). Generate checklist for cases reviewed in order to move cases to permanency.	Q3	D. Judkins and J. Lozer	Checklist			
Engage multiple partners to protect children in their community through cooperation and communication.	3.4. DCS will collaborate with CIP to improve the process of reaching permanency outcomes.	3.4.(e) Create and implement plan to share effective strategies with local offices and court staff.	Q5	D. Judkins and J. Lozer	Information disseminated to the field with statewide implementation roll-out plan.			
3) Engage multiple partners to protect children in their community through cooperepared by: compution their program Management of the compution of the computi	3.5. DCS - Johnson County will continue collaboration with Johnson County Circuit Court to manage CIP funded pre-hearing facilitation program.	3.5. (a). DCS Johnson County will provide semi-annual reports on the progress of the initiatives outlined in the funded program.	Q2, Q4, Q6, Q8	D. Judkins and J. Lozer	DCS Johnson County Court Progress report to CIP	(See Appendix CC : Johnson County CIP Program Status Report).		

Indiana Department of Child Services

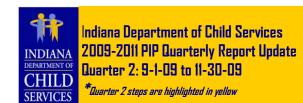




- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
- 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
protect children in their community through	3.6. DCS - Marion County will continue collaboration with Marion County Superior Court to CIP-funded Prehearing mediation and facilitations program for CHINS cases.	3.6. (a). DCS Marion County will provide Semi-annual report on the progress of the initiatives outlined in the funded program.	Q2, Q4, Q6, Q8	D. Judkins and J. Lozer	DCS Marion County Court Progress report to CIP.	(See Appendices: DD.1. Marion County Facilitation and Mediation Report and DD.2. Marion County Model Court Report on Mediation Program).		
protect children in their community through cooperation and communication.	the funded program.	3.7. (a). DCS Tippecanoe County will provide semi-annual report on the progress of the initiatives outlined in the funded program.	Q2, Q4, Q6, Q8		Tippecanoe County Court progress report to CIP.	(See Appendix EE: Tippecanoe County CIP Program Status Report)		
protect children in their community through	the CIP/DCS mediation and facilitation programs will be used to develop a	3.8.(a). Field Operations will review the progress reports from the listed counties and develop a taskforce with CI on how similar initiatives can be implemented statewide.	Q4, Q6	(Indiana Judicial Center)	Outcome of taskforce and statewide implementation plan, Q4. Update on Implementation, Q6.			
protect children in their community through cooperation and communication.	the development and implementation of education advocates for wards.	3.9. (a). DCS and IDOE will draft educational advocate language and determine the job description/role of an educational advocate.	Q3		Educational advocate language and job description.			
protect children in their community through cooperation and communication.	the development and implementation of education advocates for wards.	3.9. (b). Continue collaboration with IDOE to determine the funding source for the advocates and the development of the pilot plan for certain regions.	Q7		Outcome from collaboration and pilot plan.			
4) Create an infrastructure that will support and sustain all components of delivery within the first shill welfare systemana Department of	tool to identify staff training needs. er,	4.1.(a). The Individual Training Needs Assessment Tool (ITNA) will be completed for all FCMs with the FCM supervisor.	Q4	MB Lippold	ITNA training protocol			





- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1. (b). Once training needs are identified the curriculum developed will include a catalog of courses available to FCMs that will include classroom training, web-based e-learning modules, and video conferencing training.	Q6	MB Lippold	Course catalog			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1. (c.) A schedule for needs-based training courses will be published and distributed to FCMS to review.	Q6	MB Lippold	Training schedule.			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1. (d). FCMS will attend classes and complete all requirements including evaluation summary.	Q8	MB Lippold	Published evaluation data based on satisfaction surveys completed and reviewed for training effectiveness.			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1.(e). Form a committee to identify and secure additional funding for cost-effective trainings held outside the partnership for Child Welfare Training and Education, and establish a protocol on how FCMs can access these funds.	Q2	MB Lippold	Protocol developed and approved by the Director.	(See Appendix FF : Admin letter on External Trainings).		
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1.(f). Develop a policy to determine the required in-service training hours for FCMs each year.	Q3	MB Lippold and A. Green	Policy			

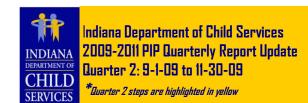
Prepared by:





- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1. (g). Development of a comprehensive training record information system to track all trainings attended and completed by FCMs.	Q3	MB Lippold	Tracking reports generated to show number of hours completed.			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.2. DCS will provide consistent quality foster parent training to new and ongoing foster parents.	4.2. (a). Develop Director's Note to inform all DCS staff of the plan to transition FAKT training from Programs and Services Department to the Staff Development Department.	Q6	L. Rich and MB Lippold	Director's Note			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.2. DCS will provide consistent quality foster parent training to new and ongoing foster parents.	4.2. (b). During transition, Training staff will review current FAKT curriculum and identify areas to improve based on TEAPI model as well as update pre and post foster parent training materials to include more reality-based and situational learning.	Q6	MB Lippold	Documentation of FAKT curriculum review and revised FAKT training curriculum.			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.2. DCS will provide consistent quality foster parent training to new and ongoing foster parents.	4.2.(c.) DCS Hispanic Initiative Program Manager will review current FAKT forms and training materials to ensure the use and correctness of the Spanish Language.	Q2	D. Judkins	Updated bilingual materials/curriculum	Updates and corrections were made to the FAKT forms and training curriculum to reflect correct terminology of the Spanish language. (See Appendix GG : Updated forms and training curriculum).		
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.2. DCS will provide consistent quality foster parent training to new and ongoing foster parents.	4.2. (d). Staff development will develop a plan to have training available for Spanish Speaking foster parents.	Q5	MB Lippold	Plan completed with an implementation timeline.			
will superparend by stain all	FCMs and FCM Supervisors on how to pacome educational surrogates.	4.3. (a). DCS will incorporate the educational surrogate training into FAKT training.	Q7	MB Lippold	FAKT training curriculum			33

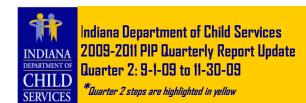


- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
- 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.3. DCS will train foster parents, FCMs and FCM Supervisors on how to become educational surrogates.	4.3. (b). Provider practice guidance or policy tips to FCMs on how to secure an educational surrogate for children in placement, primarily special education students, as well as practice tips on how to advocate on behalf of the child to ensure educational needs and/or plans or met.		A. Green	Policy tips and practice guidance.			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.3. DCS will train foster parents, FCMs and FCM Supervisors on how to become educational surrogates.	. (-)	Q7	MB Lippold	CAT training completed and ELMS report of staff trained.			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.3. DCS will train foster parents, FCMs and FCM Supervisors on how to become educational surrogates.	4.3. (d). The Foster Care specialization units will generate a report of foster parents who become educational surrogates and provide additional supports as needed.	Q8	D. Judkins	List of foster parents/educational surrogates			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system. Prepared by: CFSR Program Management of the child welfare system.	4.4. Enhance Practice Indicator review process to measure safety more effectively.	4.4. (a). Expand definition of safety in practice indicator to measure safety more effectively.	Q1	D. Judkins	Revised practice indicator	The Practice Indicator safety definition was expanded to mirror the federal safety definition. The revised practice indicator and modified absence of maltreatment report will be available in Q2 (PIP item 4.4.b) reflecting the expanded definition. (See Appendix G: Expanded Safety Definition)		10/7/09

Indiana Department of Child Services



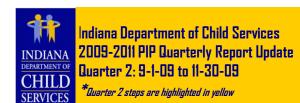


- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
- 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
will support and sustain all	4.4. Enhance Practice Indicator review process to measure safety more effectively.	4.4.(b). Utilize State practice tracking system (Practice Indicators -PI) to make the PI mirror the CFSR process. This will require modifying the PI report for the absence of repeat maltreatment and creating a new PI report to capture the absence of child abuse and/or neglect in a foster care setting.	Q2	D. Judkins	New PI created and modified absence of maltreatment report.	The new practice indicator report and Absence of Maltreatment report have been modified to reflect the expanded safety definition provided in Q1. (See Appendices : HH.1. New PI Report and HH.2. Modified Absence of Maltreatment Report).		
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.4. Enhance Practice Indicator review process to measure safety more effectively.	4.4.(c). Based on maltreatment measurements across state, Regional Managers will develop strategies that will address the frequencies in maltreatments for each region. Each region will implement strategies developed and report progress in SAPs.	Q1	D. Judkins	Regional Strategic Action Plans	See Appendix C: (Excerpts from STAR Report)		10/7/09
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.		4.5.(a). Fill the clinical consultant vacancy. Continued expectation of this position is to facilitate group in-service trainings with supervisory and management staff regarding best practices in Clinical Supervision.	Q2	D. Judkins	Name of new staff and job description. Schedule/calendar of in-service trainings.	The clinical consultant vacancy was filled in 2009. This position will provide clinical support to supervisors and local office directors by ensuring fidelity and maintenance of various practice reform applications. (See Appendix II: New Staff, job description, and schedule/calendar of in-service trainings).		
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system. Prepared by: CFSR Program Management of the child welfare system.	supervision supports by integrating the efforts into on-going staff training.		Q3	D. Judkins and MB Lippold	Plan of outcome and implementation.			

Indiana Department of Child Services





- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	supervision supports by integrating the efforts into on-going staff training.	4.5. (c.) Clinical supervision techniques will be incorporated into New Supervisor training, Practice Model Supervision training and Leadership Training, Trainers will incorporate new material into appropriate modules.	Q4	MB Lippold	Curriculum developed and updated modules.			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system. Output Description:	supervision supports by integrating the efforts into on-going staff training.	- (-)	Q6	D. Judkins and MB Lippold	Outcome of plan developed.			



State:	Indiana
Date Sub	10/6/2009
PIP:	
Quarterly	X
Quarter:	1

Part B: National Standards Measurement Plan and Quarterly Status Report

Safety Ou	tcome 1: Absence of Recurrence of Maltreatment
National	94.60%
Standard	
Performa	92.7% (4-1-05b to 3-31-06a) (met standard per Feds January 2009)
nce as	
Measure	
d in Final	
Report/S	
ource	
Data	
Period	
Performa	93.2% (07ab)
nce as	
Measure	
d at	
Baseline/	
Source	
Data	
Period	

Negotiate	93.80%											
d												
Improve												
ment												
Goal												
Renegoti												
ated												
Improve												
ment												
Goal												
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
(Enter												
the												
Note												
		Absence o	of Maltreat	tment of C	hildren in	n Foster C	are					
National												
Standard												
Performa	99.30%											
nce as												
Measure												
d in Final												
Report/S												
ource												
Data												
Period]											

Performa	99.69% (F	FY 07ab)										
nce as												
Measure												
d at												
Baseline/												
Source												
Data												
Period												
Negotiate	N/A. Met	National S	tandard: (I	ndiana Da	ta Profile,	July 9, 200	8)					
d												
Improve												
ment												
Goal												
Renegoti												
ated												
Improve												
ment												
Goal												
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
(Enter												
the												
Note												
Permanei	ncy Outco	me 1: Tim	eliness an	d Perman	ency of Re	eunificatio	n					
National	122.6											
Standard												

Performa	120.9											
nce as												
Measure												
d in Final												
Report/S												
ource												
Data												
Period												
Performa	124.6 (20	08ab profil	le)									
nce as												
Measure												
d at												
Baseline/												
Source												
Data												
Period												
Negotiate	N/A. Exc	eeded Nati	onal Stand	ard with bo	oth the 07b	o/08a Profil	le, July 9, 2	2008 & 088	ab Profile,	March 31,	2009	
d												
Improve												
ment												
Goal												
Renegoti												
ated												
Improve												
ment												
Goal												
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
(Enter												
the												

Permanei	ncy Outco	me 1: Tim	neliness of	Adoptions	3							
National	106.4											
Standard												
Performa	114.7											
nce as												
Measure												
d in Final												
Report/S												
ource												
Data												
Period												
Performa	117.2 (200	08ab profil	le)									
nce as												
Measure												
d at												
Baseline/												
Source												
Data												
Period												
	N/A. Met	Standard v	with both tl	ne 07b08a j	profile, Jul	ly 9, 2008 a	& 08ab pro	ofile, Marc	h 31, 2009.			
d												
Improve												
ment												
Goal												
Renegoti												
ated												
Improve												
ment												
Goal	0.1	0.0	00	0.4	0.5	0.6	07	00	00	010	011	0.10
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

(Enter									
the									
Note			<u> </u>						
	ncy Outcome 1:	Achieving Per	manency for	Children in Fo	ster Care fo	or Long Pe	eriods of T	ime	
National	121.7	G				8		-	
Standard									
Performa	119.7								
nce as									
Measure									
d in Final									
Report/S									
ource									
Data									
Period									
Performa	133.4 (08ab pro	file)							
nce as									
Measure									
d at									
Baseline/									
Source									
Data									
Period									
Negotiate	N/A - Exceeded	national stand	ard with both t	he 07b08a and	08ab profiles	S.			
d									
Improve									
ment									
Goal									

Renegoti ated Improve												
ment												
Goal Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
(Enter	Q1	Q2	Ų3	Q 4	Ų3	Qu	Q7	Ųδ	Q9	Q10	QII	Q12
the												
Note												
	ncy Outco	me 1: Plac	ement Sta	bility								
National	101.5											
Standard												
Performa	95.6 (Met	t Standard 1	Per Feds Ja	nuary 2009	9)							
nce as												
Measure												
d in Final												
Report/S												
ource												
Data												
Period												
Performa	100.7 (08	ab profile o	on March 3	1, 2009)								
nce as												
Measure												
d at												
Baseline/												
Source												
Data												
Period												

Negotiate	101.5											
d												
Improve												
ment												
Goal												
Renegoti												
ated												
Improve												
ment												
Goal												
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
(Enter												
the												
Note												

State:	Indiana
Date Submitted	10/7/2009
PIP:	
Quarterly Report	X
Quarter:	1st

Part C: Item-Specific and Quantitative Measurement Plan and Quarterly Status Report

Outcome/System		Item:										
ic Factor:												
_Safety Outcome												
1 Item:												
Performance as	69%											
Measured in Final												
Report												
Performance as												
Measured at												
Baseline/Source												
Data Period												
Negotiated												
Improvement												
Goal												
Method of	Investigati	ive QAR T	ool - Ques	tion #2								
Measuring												
Improvement												
Renegotiated												
Improvement												
Goal												
Status (Enter the	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
quarter end date	81.02%	80.0%										
and measurement												

Note: See Appendi	ix Q: CFSI	R Item #1 I	Baseline D	ata								
Outcome/System		Item:										
ic Factor:												
_Safety Outcome												
2 Item:												
_3												
Performance as	84%											
Measured in Final												
Report												
Performance as												
Measured at												
Baseline/Source												
Data Period												
Negotiated												
Improvement												
Goal												
Method of	QSR Tool	- Practice	Review 8									
Measuring												
Improvement												
Renegotiated												
Improvement												
Goal	01	02	02	0.4	0.5	06	07	00	00	010	011	010
Status (Enter the	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
quarter end date and measurement												
Note		Τ.										
Outcome/System		Item:										
ic Factor:												
Safety Outcome 2												
												
Item:4												

Performance as	71%											
Measured in Final												
Report												
Performance as												
Measured at												
Baseline/Source												
Data Period												
Negotiated												
Improvement												
Goal												
Method of	QSR Tool	l - Child St	atus Revie	w 1								
Measuring												
Improvement												
Renegotiated												
Improvement												
Goal												
Status (Enter the	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
quarter end date												
and measurement												
Note												
Outcome/System		Item:										
ic Factor:												
_Permanency												
Outcome 1												
Item:7_												
Performance as	53%											
Measured in Final												
Report												
Performance as												
Measured at												
Baseline/Source												
Data Period												

Negotiated Improvement												
Goal												
Method of	QAR tool	l - new que	stion									
Measuring												
Improvement												
Renegotiated												
Improvement												
Goal												
Status (Enter the	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
quarter end date												
and measurement												
Note												
Outcome/System		Item:										
ic Factor:												
_Permanency												
Outcome 1												
Item:10												
Performance as	88%											
Measured in Final												
Report												
Performance as												
Measured at												
Baseline/Source												
Data Period												
Negotiated												
Improvement												
Goal												
Method of	QSR Too	l - Child St	atus Revie	ew 9: Pathy	vays to Ind	ependence	:					
Measuring												
Improvement												

Renegotiated Improvement												
Goal	01	02	02	04	05	06	07	00	00	010	011	012
Status (Enter the quarter end date	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
and measurement												
Note												
Outcome/System		Item:										
ic Factor: Well-		item:										
Being Outcome												
1 Item:												
17												
Performance as	45%											
Measured in Final												
Report												
Performance as												
Measured at												
Baseline/Source												
Data Period												
Negotiated												
Improvement												
Goal												
Method of	QSR Tool	- Practice	Review 4:	Assessing	and Unde	rstanding						
Measuring				C		C						
Improvement												
Renegotiated												
Improvement												
Goal												
Status (Enter the	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
quarter end date												
and measurement												
Note												

Outcome/System		Item:										
ic Factor: _Well-												
being Outcome												
1 Item:												
_18												
Performance as	51%											
Measured in Final												
Report												
Performance as												
Measured at												
Baseline/Source												
Data Period												
Negotiated												
Improvement												
Goal												
Method of	QSR Tool	l - Practice	Review 1:	: Engaging	- Role and	Voice of 1	Family Me	mbers				
Measuring												
Improvement												
Renegotiated												
Improvement												
Goal												
Status (Enter the	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q 9	Q10	Q11	Q12
quarter end date												
and measurement												
Note												
Outcome/System		Item:										
ic Factor: Well-												
Being Outcome												
1 Item:												
_19												

Performance as Measured in Final	77%											
Report												
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement	QAR tool	s (Wardshi	p and IA)	- new ques	tions							
Renegotiated Improvement Goal												
Status (Enter the	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
quarter end date and measurement												
Note												
Outcome/System ic Factor: _Well-Being Outcome 1 Item:20		Item:										
Performance as Measured in Final Report	37%											
Performance as Measured at Baseline/Source Data Period												

Negotiated Improvement Goal												
Method of Measuring Improvement	QAR Too	ol - new lan	guage to a	ddress mot	hers and fa	athers						
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Outcome/System ic Factor: Item:		Item:										
Performance as Measured in Final Report												
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement												

Renegotiated Improvement Goal												
Status (Enter the	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
quarter end date												
and measurement												
Note												
Outcome/System		Item:										
ic Factor:												
Item:												
Performance as												
Measured in Final												
Report												
Performance as												
Measured at												
Baseline/Source												
Data Period												
Negotiated												
Improvement												
Goal												
Method of												
Measuring												
Improvement												
Renegotiated												
Improvement												
Goal												
Status (Enter the	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
quarter end date												
and measurement												
Note												

Outcome/System ic Factor: Item:	[1	Item:										
Performance as												
Measured in Final												
Report												
Performance as												
Measured at												
Baseline/Source												
Data Period												
Negotiated												
Improvement												
Goal												
Method of												
Measuring												
Improvement												
Renegotiated												
Improvement												
Goal	0.1	0.2	0.2	0.4	0.5	0.6	0.7	0.0	00	010	011	0.10
Status (Enter the	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
quarter end date												
and measurement												
Note												